

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 21876  
Registrar's No. 5673

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		State File No. 21876		Registrar's No. 5673					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>				c. LENGTH OF STAY (If in this place) <b>3 WKB</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>2159</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3605 Meramec</b> <b>0</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gus</b>			b. (Middle) _____			c. (Last) <b>Oheim</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1950</b>				
5. SEX <b>male</b> <input type="radio"/>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 10, 1883</b>		9. AGE (In years; last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouseman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>		11. BIRTHPLACE (State or foreign country) <b>Kimmewick, Mo. 0</b>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>John</b>				13b. MOTHER'S MAIDEN NAME <b>Catherine Stein</b>				14. NAME OF HUSBAND OR WIFE <b>Mattie C Oheim</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NUMBER <b>493-09-9849</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mattie Oheim 3605 Meramec</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery failure</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>the same</b>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HHX</b>									
22. I hereby certify that I attended the deceased from <b>1947</b> , 19____, to <b>June 28, 1950</b> , that I last saw the deceased alive on <b>June 28, 1950</b> , and that death occurred at <b>1:40 P.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>16 Hampton Village Dr</b>				23c. DATE SIGNED <b>6/29/50</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/1/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo.</b>							
DATE REC'D BY LOCAL JUN 30 1950		REGISTRAR'S SIGNATURE <b>J B Pasater J L</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ziegenhein &amp; Sons 7027 Gravois</b>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Paul*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Frank Owens*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2245*

P. O. Address *St. Louis Mo*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.